



## ***Texas Department of Insurance***

### ***Division of Workers' Compensation***

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## ***MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION***

### ***GENERAL INFORMATION***

#### **Requestor Name and Address**

THE BACK AND NECK INSTITUTE  
6211 EDMERE SUITE 1  
EL PASO TX 79925

#### **Carrier's Austin Representative Box**

Box Number 42

#### **Respondent Name**

SERVICE LLOYDS INSURANCE CO

#### **MFDR Date Received**

FEBRUARY 22, 2012

#### **MFDR Tracking Number**

M4-12-2184-01

### ***REQUESTOR'S POSITION SUMMARY***

**Requestor's Position Summary:** "The patient had a lumbar MRI at The Back and Neck Institute that included the technical and professional components. The carrier denied the bill because the bill was submitted with the name of the facility where the service was provided rather than with the name of the rendering provider." "We disagree with their determination. The MRI was performed at Bassett Imaging Center that is part of the Back and Neck Institute and Robert E. Urrea, MD. All entities are billed with the same TIN and NPI numbers. The address and location are the same as are the phone numbers. The dictation is signed by James H. Algeo, Jr., MD, DABR because he is the contracted radiologist for the clinic. Dr. Urrea ordered the MRI and it was done at the Back and Neck Institute. Payment should be allowed for the MRI payable to the Back and Neck Institute, Robert E. Urrea, MD at 6211 Edgemere, Ste. 1, El Paso, TX 79925."

**Amount in Dispute:** \$634.07

### ***RESPONDENT'S POSITION SUMMARY***

**Respondent's Position Summary:** "As indicated on the explanation of review, the charges for these services were denied on the basis that the doctor that performed the MRI on August 10, 2011 is not the same doctor that submitted this billing. Per Texas Admin. Rule 133.20(e)(2), 'a medical bill **must** be submitted...in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed radiologist, with Bassett Imaging performed the MRI. If Dr. Algeo provided services as noted in the medical records, then he should have submitted the billing presently in dispute." "In addition, SERVICE points out that inaccuracies in which provider actually provided the service in this instance has other detrimental effects on the workers' compensation system. One good example is the accuracy of PBO. The Tex. Labor Code requires the Division to track provider performance which can only happen when the accuracy of data is maintained. Here, the Requestor wants to disguise that identity for reasons evidently adverse to the law and the PBO needs mentioned. Clearly, this is contrary to the duty of the Division in Tex. Admin. Code 133.20 (e)(2) and the Tex. Labor Code PBO provisions. Finally, SERVICE believes the Requestor should avail itself of a careful reading of both parts of our law so as to become familiar in future with the provisions. In this way, needless requests might be avoided."

**Response Submitted by:** Harris & Harris on behalf of Service Lloyds Ins. Co., P.O. Box 91569, Austin, TX 78709-1569

## ***SUMMARY OF FINDINGS***

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 10, 2011	CPT CODE 72148	\$634.07	\$00.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 TexReg 430, requires bills to be submitted by the healthcare provider that provided the healthcare.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 1, 2011

- B20-Srvc partially/fully furnished by another provider.
- Per rule 133.20(e) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. James H. Algero Jr. MD is listed as the HCP.

Explanation of benefits dated November 18, 2011

- B20-Srvc partially/fully furnished by another provider.
- 193-Original payment decision maintained.

### **Issues**

1. Did the requestor submit billing in accordance with 28 Texas Administrative Code §133.20? Is the requestor entitled to reimbursement?

### **Findings**

1. The respondent denied reimbursement for the disputed services based upon reason code "B20-Srvc partially/fully furnished by another provider."

28 Texas Administrative Code §133.20(e) states "A medical bill must be submitted: (1) for an amount that does not exceed the health care provider's usual and customary charge for the health care provided in accordance with Labor Code §§413.011 and 415.005; and (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care."

CPT code 72148 is defined as "Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material".

- Review of the submitted documentation finds the following:
- The MRI report was signed by Dr. James. H. Algero, Jr. MD.
- The letterhead on the MRI report is Bassett Imaging Center, 6211 Edgemere, Suite 1, El Paso, TX 79925.
- The bill indicates in box #32 that the Service Facility Location Information is The Back & Neck Institute, 6211 Edgemere, Suite 1, El Paso, TX 79925.
- The bill indicates in box #31 that the Signature of Physician or Supplier is Robert E. Urrea, M.D. K4281.
- The bill indicates in box #33 that the Billing Provider Information is The Back & Neck Institute, Robert E. Urrea, MD, PA, 6211 Edgemere, Suite 1, El Paso, TX 79925.

The respondent states in the position summary that "Per Texas Admin. Rule 133.20(e)(2), 'a medical bill must be submitted...in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed radiologist, with Bassett Imaging performed the MRI. If Dr. Algero provided services as noted in the medical records, then he should have submitted the billing presently in dispute."

The requestor states in the position summary that "The MRI was performed at Bassett Imaging Center that is part of the Back and Neck Institute and Robert E. Urrea, MD. All entities are billed with the same TIN and NPI numbers. The address and location are the same as are the phone numbers. The dictation is signed by James H. Algeo, Jr., MD, DABR because he is the contracted radiologist for the clinic. Dr. Urrea ordered the MRI and it was done at the Back and Neck Institute."

28 Texas Administrative Code §180.24(a)(1), states "(a) Definitions. The following words and terms when used in this section shall have the following meanings unless the context clearly indicates otherwise. (1) Compensation arrangement--Any arrangement involving any remuneration between a health care practitioner (or a member of a health care practitioner's immediate family) and a health care provider."

28 Texas Administrative Code §180.24 (b)(1) states "Submission of Financial Disclosure Information to the division. (1) If a health care practitioner refers an injured employee to another health care provider in which the health care practitioner, or the health care provider that employs the health care practitioner, has a financial interest, the health care practitioner shall file a disclosure with the division within 30 days of the date the first referral is made unless the disclosure was previously made. This annual disclosure shall be filed for each health care provider to whom an injured employee is referred and shall include the information in paragraph (2) of this subsection."

The Division finds that the requestor did not support position that Dr. Algeo had a compensation arrangement in accordance with 28 Texas Administrative Code §180.24(a)(1). The submitted documentation did not include financial disclosure information per 28 Texas Administrative Code §180.24 (b)(1). Therefore, the requirements of 28 Texas Administrative Code §133.20(e) were applicable to the disputed bill. As a result, reimbursement cannot be recommended.

### **Conclusion**

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, the Division concludes that the requestor has not supported its position that reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____ Signature	_____ Medical Fee Dispute Resolution Officer	2/19/2013 _____ Date
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### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812**